State Plan *for*
Promoting Health and Preventing Chronic Disease
Among Kansans with Disabilities

2012 - 2017

Sam Brownback, Governor

Robert Moser, MD,
Secretary Kansas Department of Health and Environment

Kansas Disability and Health Program

Kansas Department of Health and Environment

Dear Fellow Kansans:

I'm pleased to present the Kansas State Plan for Promoting Health and Preventing Chronic Disease among Kansans with Disabilities. This State Plan illuminates the fact that there are significant health disparities for Kansans with disabilities. To address these health disparities, it is important to recognize that the foundation of this State Plan is that people with disabilities can be healthy. Public health can facilitate better access to health care and physical activity leading to individuals with disabilities engaging in more proactive health behaviors, thereby, improving the health of the disability population in Kansas.

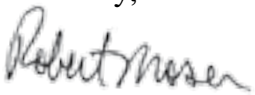
The disability community has embraced a public health approach to increase access to health care, transportation and community inclusion. During the Disability Caucus in 2011, approximately 600 Kansans with disabilities or representing disability organizations agreed that they want to take a more active role in promoting their own health. The 2012-2017 State Plan was built upon a deliberate process to obtain feedback from the disability community and dozens of other agencies, organizations and programs.

The State Plan is designed to provide a common framework of strategies for action to direct collaboration, use of resources and address health disparities that Kansans with disabilities experience. The Plan includes feasible, yet challenging strategies to address four goals:

1. Identify and reduce health care access disparities for Kansans with disabilities.
2. Reduce barriers to physical activity opportunities and other effective public health interventions that Kansans with disabilities experience.
3. Reduce bullying against students with disabilities and reduce physical and sexual violence against adults with disabilities, while promoting skills for developing healthy relationships.
4. Expand disability data surveillance in Kansas by enhancing existing data and by expanding the Kansas Behavioral Risk Factor Surveillance System to more fully understand and meet the needs of Kansans with disabilities.

When Kansans with disabilities have reliable access to health care, live in healthy community environments and experience healthy relationships, all Kansans benefit. I hope that the goals, objectives and strategies described in this State Plan will achieve a healthy and prosperous future for all Kansans.

Sincerely,



Robert Moser, MD
Secretary, Kansas Department of Health and Environment
& State Health Officer

Acknowledgements

This State Plan was made possible through the time, energy, expertise and dedication of individuals with disabilities on the Kansas Disability and Health Advisory Committee. In addition to the Disability Advisory Committee, we would like to recognize the following organizations, agencies and programs for devoting time for developing the goals and strategies of the Plan:

Research and Training Center on Independent Living at the University of Kansas
Kansas Association of Centers for Independent Living
Kansas Coalition Against Sexual and Domestic Violence
University of Kansas Medical Center
Kansas Department on Aging
Families Together, Inc.
National Association of County and City Health Officials
National Center for Physical Activity and Disability
Kansas Department of Transportation
National Alliance on Mental Illness - NAMI Kansas
Kansas Commission on Disability Concerns
Kansas Council for Developmental Disabilities
Disability Rights Center
Goodwill Industries of Kansas, Inc.
Kansas Department of Health and Environment (KDHE)
Center for Health Equity
Kansas Comprehensive Cancer Program
Early Detection Works!
Kansas Preparedness Program
Kansas Physical Activity and Nutrition Program
Kansas Tobacco Use Prevention Program
Kansas Sexual Assault Prevention Program
Kansas Fire/Burn Prevention Program
Kansas Injury Prevention Program
Kansas Arthritis Program
Kansas Heart Disease and Stroke Program
Kansas Diabetes Prevention and Control Program

Disability Awareness

Change happens through language. Professional communicators, educators, the media and human service providers are in a unique position to shape the public image of people with disabilities. The words we choose can provide a negative or positive image. The following phrases are provided by the Research and Training Center on Independent Living, University of Kansas.

SAY	DON'T SAY
PERSON WITH A DISABILITY	CRIPPLED/DISABLED/CHALLENGED
PERSON WITH A BRAIN INJURY	BRAIN DAMAGED
MENTAL ILLNESS	INSANE/CRAZY
PERSON WITH A SPINAL CORD INJURY	PARALYZED
PERSON WITH INTELLECTUAL DISABILITY	RETARDED/MENTAL RETARDATION
STROKE SURVIVOR	STROKE VICTIM
USES A WHEELCHAIR	WHEELCHAIR–BOUND
ACCESSIBLE PARKING	HANDICAPPED PARKING
BIRTH DEFECT	CONGENITAL DISABILITIES

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The Current State of Health of Kansans with Disabilities

Introduction

A goal of Healthy People 2020 is to promote the health and well-being of people with disabilities.

In 2002, it was estimated that more than 50 million Americans have an activity limitation/disability associated with long-term physical, sensory or cognitive conditions (CDC, 2002). These estimates demonstrate that much effort is needed to maintain and improve the quality of life of those affected and to eliminate the disparities that exist between Americans with and without disabilities.

Disability in Kansas

Available data from the Kansas Behavioral Risk Factor Surveillance System (BRFSS) highlight disparities among adults living with a disability in Kansas with respect to both the prevalence of disability as well as health status, behaviors and other health indicators among persons with a disability.

Disability Prevalence Among Socio-Demographic Sub-Groups in Kansas

Data from the 2009 Kansas BRFSS estimated that there were 433,329 adult Kansans (20.5%) living with a disability. Living with a disability is defined as those who reported an activity limitation due to physical, mental or emotional problems, or who reported a health problem that requires them to use special equipment such as a cane, a wheelchair, a special bed or a special telephone. The prevalence of disability was similar among females and males (21.7%, 95% CI: 20.7%-22.7% vs. 19.2%, 95% CI: 18.0%-20.3%, respectively). The prevalence of disability generally increased with age as shown below.

Prevalence of Disability by Age, Kansas BRFSS 2009

	Age (Years)					
	18-24	25-34	35-44	45-54	55-64	64+
Disability (95% CI)	11.4% (8.3-14.4)	11.7% (9.8-13.5)	13.9% (12.4-15.5)	20.0% (18.7-21.4)	26.8% (25.4-28.3)	37.5% (36.2-38.9)

The prevalence of disability was not significantly different among non-Hispanics than among Hispanics (20.6%, 95% CI: 19.9%-21.4% vs. 17.4%, 13.8%-21.1%, respectively). This difference in disability prevalence among non-Hispanics as compared to Hispanics remained statistically insignificant even after age-adjustment.

The prevalence of disability was different among race groups. Whites and African-Americans had a similar prevalence of disability (20.6%, 95% CI: 19.9%-21.4% vs. 22.1%, 95% CI: 18.1%-26.1%, respectively). The lowest prevalence of disability was seen in those belonging to an other race[1] (14.1%, 95% CI: 11.1%-17.0%). The highest prevalence was seen among those in the more than one race group (31.1%, 95% CI: 24.3%-38.0%).

The prevalence of disability increased with decreasing levels of household income and education. The prevalence of disability is more than three times higher among those with a household income of less than $15,000 as compared to those with a household income of $50,000 and above (45.9%, 95% CI: 41.4%-50.3% vs. 13.4%, 95% CI: 12.5%-14.3%). Among adults with less than a high school education, the prevalence of disability was estimated at 31.5% (95% CI: 27.8% - 35.3%) compared to 15.0% (95% CI: 14.1% - 16.0%) among adults with college degree.

[1] Other Race Group Includes: Asian, Native Hawaiian, Native American and Other

Prevalence of Disability by Income Level, Kansas BRFSS 2009

	Annual Household Income				
	‹ $15,000	$15,000 – $24,999	$25,00 – $34,999	$35,000 – $49,000	$50,000 +
Disability (95% CI)	45.9% (41.4-50.3)	32.6% (30.2-35.0)	24.4% (21.9-26.8)	19.1% (17.2-21.0)	13.4% (12.5-14.3)

The prevalence of disability does not appear to vary by population density as shown below.

Prevalence of Disability by Population Density, Kansas BRFSS 2009

	Population Density				
	Frontier[a]	Rural[b]	Densely-settled Rural[c]	Semi-urban[d]	Urban[e]
Disability (95% CI)	22.8% (19.1-26.6)	22.0% (19.9-24.0)	21.1% (19.2-23.0)	22.4% (20.5-24.3)	19.0% (18.0-19.9)

[a] Frontier: Area with less than 6 persons per square mile [b] Rural: Area with 6 to less than 20 persons per square mile [c] Densely settled Rural: Area with 20 to less than 40 persons per square mile [d] Semi-urban: Area with 40 to less than 150 persons per square mile [e] Urban: Area with 150 + persons per square mile

Nearly 1 in 4 adults who reported being out of work reported a disability (25.6%, 95% CI: 21.4%-29.8%). The majority of adult Kansans who are unable to work have a disability (84.7%, 95% CI: 81.5%-88.0%) as compared to adults who are either employed for wages or self-employed (12.6%, 95% CI: 11.8%-13.4%).

The prevalence of disability was highest among adults who were either widowed (42.9% 95% CI: 40.9%-45.0%) or divorced/separated (31.3%, 95% CI: 29.2%-33.5%). The prevalence of disability was higher among adults who were widowed (42.9% 95% CI: 40.9%-45.0%) as compared to adults who were never married (15.4%, 95% CI: 12.9%-17.9%).

HEALTH DISPARITIES AMONG ADULTS LIVING WITH DISABILITY

Data from the BRFSS also highlight health disparities between persons living with and without a disability.

HEALTH STATUS

Self-rated health. In 2009, the percentage of adult Kansans living with a disability who perceived their health status as either fair or poor was seven times higher than adults living without a disability (38.4%, 95% CI: 36.5%-40.2% among those with disability vs. 5.5%, 95% CI: 5.0%-6.0% among those without disability).

Mental Health. The percentage of adult Kansans living with a disability who perceived that their mental health was not good for 14 or more days in the past 30 days was three times higher than adults living without a disability (20.4%, CI: 18.7%-22.1% among those with disability vs. 5.5%, 95% CI: 5.0%-6.1% among those without disability).

Depression. The prevalence of ever being diagnosed with depression was nearly three times higher among adults living with a disability (26.3%, 95% CI: 23.1%-29.5%) as compared to adults living without a disability (9.7%, 95% CI: 8.3%-11.0%).

Serious Psychological Distress. Serious psychological distress is a measurement that helps estimate the prevalence of serious mental illness in Kansas. Those with a disability were almost eight times more likely to have serious psychological distress than those without disabilities (7.9%, 95% CI: 6.3%-9.5% among those with disability vs. 1.0%, 95% CI: 0.7%-1.4% among those without disability).

Cardiovascular Disease. Persons living with a disability are at increased risk for cardiovascular disease as indicated by the higher prevalence of most of the factors for cardiovascular disease.

Heart Attack. The prevalence of ever being told they had a heart attack by a health professional was nearly five times higher among adults with disability (10.3%, 95% CI: 9.3%-11.2%) compared to adults without disability (2.1%, 95% CI: 1.8%-2.3%).

Coronary Heart Disease. The prevalence of ever being told they had coronary heart disease by a health professional was nearly five times higher among adults with disability (10.9%, 95% CI: 9.9%-11.9%) compared to adults without disability (2.2%, 95% CI: 1.9%-2.4%).

Stroke. The prevalence of ever being told they had a stroke by a health professional was five times higher among those with disability (7.3%, 95% CI: 6.5%-8.0%) compared to those without disability (1.4%, 95% CI: 1.2%-1.6%).

Diabetes. The prevalence of diagnosed diabetes was almost three times higher among those with a disability (18.3%, 95% CI: 17.0%-19.6%) compared to those without a disability (6.1%, 95% CI: 5.6%-6.5%).

Cancer. The prevalence of diagnosed cancer was two and a half times higher among those with a disability (19.0%, 95% CI: 17.6% - 20.4%) as compared to those without disabilities (7.6%, 95% CI: 7.1%-8.0%).

RISK FACTORS FOR CHRONIC DISEASE

High Cholesterol Level. The prevalence of diagnosed high cholesterol level (among those ever tested) was higher among adults with a disability

(50.8%, 95% CI: 48.9%-52.6%) compared to adults without a disability (35.1%, 95% CI: 34.1%-36.2%).

Hypertension. Among adults with a disability, the prevalence of diagnosed hypertension was two times higher, (48.0%, 95% CI: 46.1%-49.9%) when compared to adults without a disability (23.8%, 95% CI: 22.9%-24.6%).

Obesity. A significantly higher percentage of adult Kansans with a disability (72.5%, 95% CI: 70.7%-74.3%) are overweight or obese (defined as body mass index [BMI] › 25) as compared to adults without disability (62.7%, 95% CI: 61.6%-63.9%). Among adults with a disability, the prevalence of obesity (defined as BMI ≥ 30) was significantly higher (40.2%, 95% CI: 38.2%-42.1%) when compared to adults without a disability (26.0%, 95% CI: 25.0%-27.0%).

Inadequate Physical Activity. The prevalence of not participating in the recommended level of physical activity (defined as moderate activities for 30 minutes five or more days per week or vigorous activity for 20 minutes three or more days per week) is significantly higher among adults with a disability (65.6%, 95% CI: 63.6%-67.6%) compared to adults without a disability (47.9%, 95% CI: 46.7%-49.1%).

Smoking Status. The prevalence of current smoking among adults with a disability is (22.9%, 95% CI: 21.1%-24.6%) higher than those without disability (16.5%, 95% CI: 15.6%-17.5%).

Fruits and Vegetables Consumption. A high percentage of adults with a disability do not consume fruits and vegetables five or more times a day. This is similar to those without a disability (80.4%, 95% CI: 78.9%-81.9% vs. 81.6%, 95% CI: 80.8%-82.5%, respectively).

Alcohol Consumption. The prevalence of heavy alcohol consumption (defined as an average of more than two drinks per day among males and more than one drink per day among females during the past 30 days) is similar for adults with a disability as compared to those without a disability (3.2%, 95% CI: 2.2%-4.1% and 4.3%, 95% CI: 3.8%-4.9%, respectively).

Seat Belt Usage. When asked about seat belt usage, the prevalence of not always wearing a seat belt while driving does not differ among adults with and without disabilities (27.5%, 95% CI: 24.9%-30.1% vs. 25.4%, 95% CI: 23.8%-27.0%, respectively).

USE OF PREVENTATIVE SERVICES

A) Cancer Screening Practices:

Disparities are seen among adults with disabilities for use of screening services for breast, cervical and colorectal cancer.

Breast Cancer Screening Test: Mammogram. A significantly higher percentage of females 40-years-old and older living with a disability (28.4%, 95% CI: 25.7%-31.2%) did not have a mammogram test in the preceding two years compared to females 40-years-old and older living without a disability (23.5%, 95% CI: 21.7%-25.3%).

Cervical Cancer Screening Test: Pap Smear. A significantly higher percentage of women 18-years-old and older living with a disability did not have a pap smear in preceding three years as compared to women 18-years-old and older living without a disability (22.9%, 95% CI: 18.9%-26.9% vs. 14.0%, 95% CI: 11.9%-16.0%, respectively).

Colorectal Cancer Test: Sigmoidoiscopy or Blood Stool Test: A significantly lower percentage of Kansans 40-years-old and older living with a disability (23.2%, 95% CI: 21.0%-25.4%) never had a blood stool test or a sigmoidoscopy or colonoscopy exam compared to those without a disability (29.4%, 95% CI: 27.7%-31.1%).

B) Use of Influenza and Pneumococcal Vaccinations:

Influenza Vaccinations: A significantly lower percentage of persons 50-years-old and older with disabilities (37.0%, 95% CI: 35.3%-38.7%) have never been immunized against pneumococcal disease compared to those without disabilities (48.1%, 95% CI: 46.9%-49.3%).

Pneumococcal Vaccinations: A significantly lower percentage of persons 65-years-old and older with disabilities (25.3%, 95% CI: 23.4%-27.3%) did not have a flu shot during the past 12 months compared to those without disabilities (36.5%, 95% CI: 34.8%-38.2%).

Prevalence of Preventive Service usage by Disability Status

	People with Disability	People without Disability
Mammogram[a] (95% CI)	28.4% (25.7-31.2)	23.5% (21.7-25.3)
Pap Smear[b] (95% CI)	22.9% (18.9-26.9)	14.0% (11.9-16.0)
Colorectal Cancer[c] (95% CI)	23.2% (21.0-25.4)	29.4% (27.7-31.1)
Pneumococcal[d] (95% CI)	25.3% (23.4-27.3)	36.5% (34.8-38.2)
Influenza[e] (95% CI)	37.0% (35.3-38.7)	48.1% (46.9-49.3)

[a]Females ages 40-years-old and older who reported having not had a mammogram in the past two years - 2008 Kansas BRFSS.

[b]Female respondents 18-years-old and older who reported they have not had a pap smear within the preceding three years - 2008 Kansas BRFSS.

[c]Respondents, ages 50-years-old and older who reported they have never had a blood stool test or a sigmoidoscopy or colonoscopy exam – 2008 Kansas BRFSS.

[d]Respondents ages 65-years-old and older who reported they have never been immunized against pneumococcal disease – 2009 Kansas BRFSS.

[e]Respondents ages 50-years-old and older who reported they did not have a flu shot during the past 12 months – 2009 Kansas BRFSS.

HEALTH CARE ACCESS

Oral Health. Adults with a disability are less likely to receive dental care than adults without a disability. A significantly higher percentage of adults with a disability has not had a recent dental visit (defined as having not visited a dentist, dental hygienist or dental clinic within the past year) as compared to adults living without a disability (35.9%, 95% CI: 33.4%-38.4% vs 23.2%, 95% CI: 22.0%-24.4%, respectively).

Health insurance and a regular health care provider. No significant difference in health care coverage was seen among adults, ages 18 to 64-years-old, living with or without a disability (15.9%, 95% CI: 13.8%-18.1% vs. 13.7%, 95% CI: 12.7%-14.7%, respectively). A lower percentage of adults living with a disability reported not having a personal doctor or health care provider as compared to adults living without a disability (9.7%, 95% CI: 8.2%-11.2% vs. 15.8%, 95% CI: 14.9%-16.8%, respectively).

Barriers to Health Care Access:

One out of every 10 (9.5%, 95% CI: 7.9%-11.0%) individuals living with a disability was restricted from receiving health care services (physician visit, hospital inpatient care, dental visit or mental health services). Among those with restriction, 14.0 percent (95% CI: 7.8%-20.3%) had restriction due to physical access, 5.5 percent (95% CI: 1.6%-9.3%) had restrictions due to a lack of communication aids and 10.9 percent (95% CI: 4.8%-17.0%) had restriction due to another person (family member or attendant). Sadly 27.1 percent (95% CI: 19.0%-35.2%) of those with a restriction had been treated unfairly due to their disability.

Cost is another barrier to access to health care, people with disabilities (17.7%, 95% CI: 16.0%-19.4%) were nearly twice as likely to have not seen a doctor in the past year due to cost compared to those living without a disability (9.3%, 95% CI: 8.6%-10.1%).

"I have a disability that severely limits my mobility. For years I did not have a pap smear test because my doctor felt that I could not get on his examination table. I finally demanded that I get a pap test at the hospital, where there is an adjustable table. I am relieved to know that I don't have cancer since I was scared all those years when my doctor told me that I couldn't get a pap test."

– Mary

Barriers to Physical Activity:

Those with disabilities are less likely to have as much physical activity as they

wanted compared to people without physical disabilities 18 years and older (47.2%, 95% CI: 43.5%-50.9% vs. 62.0%, 95% CI: 59.7%-64.3%, respectively).

Among adults 18-years-old and older who are physically able to do exercise, those with disabilities are less likely to have as much physical activity as they think they should compared to people without disabilities (27.0%, 95% CI: 23.7%-30.3% vs. 37.4%, 95% CI: 35.1%-39.6%, respectively).

Among adults without disability the top three reasons for not having enough physical activity are as follows: Not having enough time (56.4%, 95% CI: 53.5%-59.2%), self-motivation or will power (18.7%, 95% CI: 16.5%-20.9%) and too tired or don't have the energy (7.51%, 95% CI: 6.0%-9.0%).

People with disabilities top three reasons for not having enough physical activity are as follows: Permanent physical illness or injury (36.9%, 95% CI: 33.2%-40.6%), not having enough time (18.8%, 95% CI: 15.4%-22.1%) and self-motivation or will-power (14.5%, 95% CI: 11.7% to 17.3%). The main reason why people with disabilities do not have enough exercise is their permanent physical illness or injury.

The adults without disabilities 18-years-old and older who are physically able to do exercise think that they can be more physically active if they have more time (48.1%) and self-motivation and will-power (17.7%). Those with disabilities think that they can be more physically active if they do not have health-related reasons* (18.3%), have more time (18.8%) and have self-motivation or will-power (17.0%). Those with

disabilities were more likely to say that they did not know what one thing would make them more physically active compared to those without disabilities (14.9%, 95% CI: 12.0%-17.9% vs. 9.3%, 95% CI: 7.7%-10.9%, respectively).

**Health-related reasons include joint replacement/surgical repair, injury recovery, pain management/control, exercise partner/buddy, recover from temporary illness, permanent injury prevents exercising and improved mental health.*

History and Current Program Activities

The Kansas Department of Health and Environment Disability and Health Program (DHP) staff have built collaborative relationships with state partners to establish and maintain the state's capacity for addressing disability and health initiatives. A few accomplishments from the Kansas Disability and Health Program during the past five years include improving surveillance to measure the health of Kansans with disabilities, engaging Kansans with disabilities in public health efforts and improving the infrastructure of emergency preparedness to better serve the unique considerations that people with disabilities have.

Additionally, with support from the state disability program people with disabilities have been actively joining other state-level public health advisory committees. The heartbeat of the Disability and Health Program is the Advisory Committee. The DHP recruits the advisory committee from Centers for Independent Living to bring the disability community perspective to as many other public health advisory committees as possible (i.e., the Kansas Diabetes Action Council). By including people with disabilities in state-level public health advisory committees, the DHP provides the opportunity for people with disabilities to share their voices and talents with important public health initiatives.

Community Resilience-Community Preparedness

Developing and coordinating training and ensuring community engagement in preparedness efforts are the focus of the collaboration between the University of Kansas Research and Training Center on Independent Living, the Kansas Department

of Health and Environment (KDHE) Hospital Preparedness Program, KDHE Bureau of Health Promotion's Disability and Health Program and local community-based organizations serving vulnerable populations. Model online and in-person courses and materials in public health and all-hazard preparedness continue to be developed and administered through these partnerships. Community-based partnerships work to ensure that local capabilities exist to be better prepared through education and training while lessening the effect of disasters on vulnerable populations. Also, these efforts can be duplicated by other communities and/or other trainers.

Collaborations

The Kansas Department of Health and Environment is the lead agency for promoting health and wellness issues for people with disabilities. The initial advisory/capacity building efforts have led to strong collaborative relationships with lead disability organizations in the state for more than a decade. These partners continue to serve on the Disability and Health Advisory Committee and, in-turn, DHP staff are actively involved in representing the disability and health perspective in disability advocacy planning and advisory processes. The following table describes DHP partners and joint activities that have occurred in the past five years. The table also describes some of the outcomes from the previous *Kansas State Plan for Promoting the Health of People with Disabilities 2007-2012*. The outcomes result from the deliberate efforts to address the three goals from the previous State Plan:

1. All Kansans with disabilities have access to health care;
2. Access to programs aimed at increasing physical activity and reducing obesity, and;
3. To reduce physical and sexual violence against people with disabilities.

University Partners Research and Training Center on Independent Living (RTC/IL at the University of Kansas)	RTC/IL is available for technical assistance, consumer input and evaluation, refinement of the strategic plan and future developments of targeted interventions. Staff from the RTC/IL served on the KDHE chronic disease advisory committees.
State Agencies/Organizations Kansas Association for Centers on Independent Living (KACIL)	KACIL provides technical assistance on disability rights and issues throughout the state. They agreed to play a key role in disbursing information related to the promotion of health of people with disabilities, access to health care, as well as mentor communities on improved collaboration between crisis services and the Centers for Independent Living. KACIL staff served on KDHE chronic disease advisory committees.
Kansas Coalition Against Sexual and Domestic Violence (KCSDV)	KCSDV, KDHE and KACIL have been collaborating partners for the Department of Justice funded disability and violence grant. Partners plan for and arrange all trainings regarding violence against people with disabilities. The partners oversee the completion of products and reports regarding violence against people with disabilities. Disability and Health Program (DHP) staff participated on the statewide preventing sexual violence committee.
Department on Aging	The DHP established collaboration with the Aging and Disability Resource Centers (ADRCs). The DHP enhances and ensures the ability of the ADRCs to promote health and wellness within the target populations. DHP staff and RTC/IL staff serve as advisory committee members to the Aging and Disability Resource Center's Advisory Council. Staff from the ADRC has participated in DHP Advisory Committee meetings.
Statewide Independent Living Council of Kansas (SILCK)	SILCK takes responsibility for monitoring legislation and analyzing the effects it can have on people with disabilities. This information has allowed the DHP to build better collaborations with service agencies. DHP has assisted on the planning committee for the Disability Caucus. DHP also had the opportunity to ask the KS BRFSS state-added disability questions to the 2011 Caucus for the purpose of getting more in-depth qualitative data to supplement our BRFSS quantitative data regarding the barriers to health care and physical activity. More than 100 people with disabilities from the Caucus provided their name and contact to be more involved in the health promotion activities for this next strategic plan.
Individuals Kansans with disabilities	Individuals with disabilities who are not professionals in the field have participated on the Disability Advisory Committee and provided their voices and talents with other state-level public health advisory committees.

Kansas Department of Health and Environment (inter-agency collaboration)	DHP staff serves on the advisory committees of all relevant KDHE programs for the purpose of addressing disability-related health disparities in Kansas.
Comprehensive Cancer Program	- State Comprehensive Cancer Plan includes strategies to address people with a disability.
Preparedness Program	- DHP provided input for the Standard Operating Guide (SOG) for Public Information and Communication. As a result, in the event of an emergency, the public information officer or his or her designee will notify local and county government officials and state officials using the point-of-contact information found in the local response plan.
Physical Activity/Nutrition Program	- Kansas Kids Fitness Day is structured to include children with disabilities. Topeka Capitol City Wellness Project walking paths were ADA assessed and altered to be more accessible for people with mobility equipment such as wheelchairs.
Tobacco Use Prevention Program	- The Tobacco Use Prevention Program added questions to the Kansas Youth Tobacco Survey and included disability as a demographic variable for the first time in 2011.
Arthritis Program	- DHP and the Arthritis Program collaborated to adapt the evidence-based program, *Walk with Ease*, to proactively include people who use wheelchairs.
Sexual Violence Prevention Education	- DHP worked with the SVPE program to adapt the Committee for Children's *Steps to Respect* national curriculum to become accessible for students with disabilities and to ensure that there are messages for all students to learn how to proactively show respect to students with disabilities.
Injury Prevention Program	- DHP is an active participant in all Injury Prevention Program activities.
Fire/Burn Prevention	- Fire/Burn Prevention Program collaborated and incorporated the needs of people with disabilities in their materials and education. Educational materials are offered in alternative formats. Thirty-one smoke alarms have been installed for Kansans who are hard of hearing.
Emergency Medical Services for Children	- Technical assistance to programs includes the focus on children with disabilities. Provided Tips for First Responders to First Responders throughout Kansas. DHP and the EMSC program collaborate to present information to EMSC professionals about the unique considerations of children and people with disabilities.
Diabetes Prevention and Control Program and the Heart Disease and Stroke Program	- The Diabetes Prevention and Control Program and the Heart Disease and Stroke Program asked each Quality of Care Project clinic about their medical equipment accessibility (i.e., availability of adjustable exam tables and accessible weight scales). Because of a contractual agreement between KDHE and each clinic, by March 31, 2012, one health care professional from each of the Kansas Quality of Care Project clinics will take an online course on disability cultural competency called, *Increasing Access for Persons with Disabilities*.
Chronic Disease Risk Reduction	- Included people with disabilities as a requirement in grants that look at community walking assessments.

Priority Areas for 2012-2017

The process to develop priorities for the state plan began by engaging the broad-reaching disability community in Kansas through the biannual Disability Caucus in 2011. The Disability Caucus serves as the Kansas disability community's policy platform to support independent living for Kansans with disabilities. The 2011 Disability Caucus included approximately 600 Kansans with disabilities or from disability organizations. Common themes emerged in the 2011 Disability Caucus Report that supports the Disability and Health Program's goals including promoting health care access, reducing obesity and reducing bullying among students with disabilities. Taking these priorities into account, the Disability and Health Program Advisory Committee, which represents agencies, organizations and programs listed in the Acknowledgements section on page 3, developed recommendations for strategies to promote health and prevent chronic disease for Kansans with disabilities. After an initial draft of the strategies and objectives, DHP sent the priorities out through multiple email distribution lists to get public feedback. The resulting State Plan reflects the interests, comments and feedback expressed by hundreds of Kansans. The DHP Vision, Goals, Objectives, and Strategies adopted by the DHP Advisory Committee are presented as follows:

VISION: Kansans with disabilities have access to health care, healthy communities and healthy relationships.

GOAL 1: Identify and reduce health care access disparities for Kansans with disabilities.

Healthy People 2020 Objective:
(Developmental) Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9).

Objective 1: *By March 31, 2017, there will be a 10 percent decrease in Kansans with disabilities who report restriction to health care access.*

Baseline: 10% (2009). Source: (2009 Kansas BRFSS)

Strategies:

- Promote continuing education disability cultural competency courses to health care professionals (physical, sensory, intellectual and developmental and mental health/illness sensitivity courses).
- Contact nursing, medical and other health-related schools about hosting a disability cultural competency course (i.e., the Kansas University Medical Center Nursing course slated for spring 2012) and/or ask them to weave disability awareness into other classes students are required to take.
- Coordinate efforts to build a network of health professionals dedicated to providing support and systematic linkages to community resources for children and youth with special health care needs, adults with disabilities and/or other chronic diseases.
- Educate doctors and other health care providers who work in clinics, hospitals and local health departments about how to most cost-effectively make their offices more accessible. Work with Centers for Independent Living, Community Developmental Disability Organizations, Families Together, Aging and Disability Resource Centers, and other disability organizations/agencies to recruit people with disabilities to make these changes in their local areas.

GOAL 2: Reduce barriers to physical activity opportunities and other effective public health interventions that Kansans with disabilities experience.

Healthy People 2020 objective:
(Developmental) Reduce the proportion of people with disabilities who report physical or program barriers to local health and wellness programs (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9).

Strategies:

- Continue to recruit individuals with disabilities and seniors to join health advisory committees at the state and local levels.
- Help prepare advisory committee members to more meaningfully and effectively include people with disabilities in public health efforts by creating

and disseminating an informational Public Health 101 document and other resources.

Objective 1: *By March 31, 2017, there will be a 10 percent decrease of Kansans with disabilities not participating in the recommended level of physical activity (defined as moderate activities for 30 minutes five or more days per week or vigorous activity for 20 minutes three or more days per week).*

Baseline: 65.6 % (2009). Source: (2009 Kansas BRFSS)

Strategies:

- Collaborate with state and local physical activity programs to include people with disabilities (e.g., Parks and Recreation, fitness centers, playgrounds, Walk with Ease, community 'walkability' assessments, etc.).
- Promote the National Center on Physical Activity and Disability's (www.ncpad.org) and the National Association of City and County Health Official's existing programs, online communities and fact sheets to disability and physical activity organizations/agencies.
- Work with schools and youth with disabilities to ensure the appropriate inclusion of students with disabilities in physical education and other recreation opportunities. Work with physical activity coordinators to adapt the activities to meet the needs of youth/students with functional needs.

Objective 2: *By March 31, 2017, decrease by 10 percent the percentage of Kansans with disabilities who currently smoke.*

Baseline: 22.9% (2009). Source: (2009 Kansas BRFSS)

Strategies:

- Work with youth with disabilities to decrease tobacco use.
- Promote the Kansas Tobacco Quitline free phone and web cessation resources to Community Developmental Disability Organizations, Centers for Independent Living, and Aging and Disability Resource Centers.

Objective 3: *By March 31, 2017, people with disabilities will report a 10 percent decrease in transportation restrictions to health care access and other needed services.*

Baseline: 17.8% (2006). Source: (2006 Kansas BRFSS)

Healthy People 2020 objective:
(Developmental) Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work or community activities (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9).

Strategy:

- Coordinate with public health transportation efforts such as Safe Routes to School and Complete Streets to ensure that disability-related transportation issues are addressed. Work with Centers for Independent Living, Community Developmental Disability Organizations, Families Together, Aging and Disability Resource Centers, and other disability organizations/agencies to recruit people with disabilities to help make these changes in their local areas.

Objective 4: *By March 31, 2017, all Standard Operating Guidelines and other planning materials from the Kansas Department of Health and Environment, Bureau of Community Health Systems, Preparedness Section will include the unique considerations of Kansans with disabilities.*

Strategies:

- Work with local American Red Cross organizations and emergency management agencies to expand general shelter plans to include appropriate functional needs based on the community's capability. Include training for the people who work at the shelters about functional needs of people with disabilities.
- Promote the inclusion of local Kansans with disabilities in community emergency preparedness exercises by encouraging disability organizations to join forces with local emergency management organizations.
- Continue to provide resources that assist and encourage individual responsibility for emergency preparedness among populations with functional needs for personal health and safety (e.g., emergency preparedness kits, trainings through disability organizations).

GOAL 3: Reduce bullying against students with disabilities and reduce physical and sexual violence against adults with disabilities, while promoting skills for developing healthy relationships.

Objective 1: *By March 31, 2017, disability considerations will be included in the Committee for Children's Steps to Respect, a school program addressing bullying prevention and building healthy relationships.*

Strategies:

- Partner with Committee for Children, the Kansas Department of Health and Environment's Sexual Violence Prevention Education Program, schools and the disability community to address how Steps to Respect can become accessible for students with disabilities and to develop specific classroom activities (i.e., role plays) teaching respect for students with disabilities.
- Recruit youth with disabilities to present disability cultural competency/respect trainings, beginning with the 15 Kansas schools currently implementing Steps to Respect.
- Ensure that domestic violence and sexual assault shelters are accessible by encouraging/supporting Centers for Independent Living, Community Developmental Disability Organizations, Families Together, Aging and Disability Resource Centers and other disability organizations/agencies to collaborate with domestic violence and sexual assault shelters.

GOAL 4: Expand disability data surveillance in Kansas by accessing data such as Kansas Medicaid data, the Kansas Youth Tobacco Survey and enhancing the Kansas Behavior Risk Factor Surveillance System (KS BRFSS) to more fully understand and meet the needs of Kansans with disabilities.

Objective 1: *By March 31, 2017, the Disability and Health Program will expand statewide surveillance efforts (i.e., the KS BRFSS) to establish more accurate, timely and valid population-based metrics that can supplement existing data.*

Strategies:

- Propose at least six disability questions on the Kansas Behavioral Risk Factor Surveillance System each year.
- Add disability as a demographic variable on school surveys (i.e., Youth Tobacco Survey, the 15 schools implementing Steps to Respect) to understand health behaviors and bullying for students with disabilities in Kansas.
- Work with Families Together to disseminate the Youth Tobacco Survey, the Youth Risk Behavior Survey, and the surveys the 15 schools implementing Steps to Respect complete to ensure data is gathered about students with intellectual and development disabilities.

Healthy People 2020 objective:
Include in the core of Healthy People 2020 population data systems a standardized set of questions that identify "people with disabilities." (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9)

Objective 2: *By March 31, 2017, the Disability and Health Program will analyze and publish surveillance efforts (i.e., in-depth reports from KS BRFSS, the Kansas Youth Tobacco Survey) and develop a plan to disseminate the information.*

Strategies:

- Develop a multi-agency document on the health of people with disabilities.
- Monitor trends on physical activity and tobacco use for people with disabilities.
- Monitor trends in access/barriers to health care for people with disabilities.
- Monitor trends in barriers to physical activity for people with disabilities.
- Monitor trends in sexual violence for people with disabilities.
- Partner with health services researchers to gather data for public health surveillance specific to people with intellectual/developmental disabilities.

Objective 3: *By March 31, 2017, the Disability and Health Program will maintain and create new relationships to merge secondary disability data.*

Healthy People 2020 objective:
(Developmental) Reduce the proportion of older adults with disabilities who use inappropriate medications.

Strategies:

- Assess prescription drug use through Medicaid claims and work with stakeholders to create a document delineating which prescriptions are being misused or overused to create a comprehensive action plan that addresses prescription usage for people with disabilities.

Note: “Accessible” in this document relates to physical and sensory accessibility, and also appropriate responses, interactions, and modifications for people who have intellectual, developmental, behavioral, or mental health disabilities. Also, mental health is part of every aspect of our life and will be considered in every strategy. The definition “disability” in our strategies includes the BRFSS screening questions and also groups of individuals who are not counted in the BRFSS because of living in institutions, youth with special health care needs and/or disabilities, being from the Deaf community or people experiencing homelessness who have mental, physical, or emotional limitations. Finally, we recognize that not every senior who has a disability identifies with having a disability, so we will work to include seniors into our strategies with sensitivity to their culture.

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Kansas Disability and Health Program

Kansas Department of Health and Environment

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